

106TH CONGRESS
2D SESSION

S. 2527

To amend the Public Health Service Act to provide grant programs to reduce substance abuse, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 9, 2000

Mr. GRASSLEY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide grant programs to reduce substance abuse, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Drug Treatment and
5 Research Enhancement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

8 (1) a child that has a positive relationship with
9 both parents is less likely to use illegal drugs;

1 (2) family activities, such as eating dinners to-
2 gether and spending quality time together, can re-
3 duce the risk that a child engaged by such activities
4 will use illegal drugs;

5 (3) most parents today work and have little op-
6 portunity to spend quality time with their children;

7 (4) many families are headed by single parents
8 who work all day and do not have enough time to
9 spend with their children;

10 (5) the 1999 Parent’s Resource Institute for
11 Drug Education study (referred to in this section as
12 the “PRIDE study”) reported that more than
13 4,000,000 students who are between the ages 11
14 and 18 used drugs regularly, and more than
15 1,000,000 of such students used an illegal drug
16 every day;

17 (6) the PRIDE study found that students with
18 parents who talked to them about drug use had a
19 37 percent lower drug use rate than students with
20 parents who did not talk to them about drug use;

21 (7) the 1999 Monitoring the Future study
22 found that nearly 55 percent of high school seniors
23 in the United States had used an illicit drug in the
24 past month; and

25 (8) a 1999 Mellman Group study found that—

1 (A) 56 percent of the population in the
2 United States believed that drug use was in-
3 creasing in 1999;

4 (B) 92 percent of the population viewed il-
5 legal drug use as a serious problem in the
6 United States; and

7 (C) 73 percent of the population viewed il-
8 legal drug use as a serious problem in their
9 communities.

10 **SEC. 3. DRUG-FREE FAMILIES SUPPORT PROGRAM.**

11 (a) PROGRAM AUTHORIZED.—The Attorney General
12 shall award a grant to the Parents Collaboration for 5
13 years to conduct a national campaign to help parents and
14 families prevent drug abuse by the children of such par-
15 ents and families.

16 (b) DEFINITIONS.—In this section:

17 (1) ADMINISTRATIVE COSTS.—The term “ad-
18 ministrative costs” means those costs that the as-
19 signed Federal agency will incur to administer the
20 grant to the Parent Collaboration.

21 (2) NO-USE MESSAGE.—The term “no-use mes-
22 sage” means a message that encourages—

23 (A) no use of any illegal drug;

1 (B) no illegal use of any legal drug or sub-
2 stance that is sometimes used illegally, such as
3 prescription drugs and inhalants; and

4 (C) no use of alcohol and tobacco for chil-
5 dren and adolescents under the age to legally
6 purchase such alcohol or tobacco.

7 (3) PARENT COLLABORATION.—The term “Par-
8 ent Collaboration” means the legal entity that is de-
9 scribed in section 501(c)(3) of the Internal Revenue
10 Code of 1986 and exempt from taxation under sec-
11 tion 501(a) of that Code, and, in order to prevent
12 drug use among children and adolescents, allows any
13 group to participate that—

14 (A) has as its primary mission helping par-
15 ents prevent drug use, drug abuse, and drug
16 addiction among their children, families, and
17 communities;

18 (B) has carried out the mission described
19 in subparagraph (A) for a minimum of 5 con-
20 secutive years; and

21 (C) bases its drug prevention mission on
22 the foundation of a strong, no-use message in
23 compliance with international, Federal, State,
24 and local treaties, and laws that prohibit the

1 (2) conduct research and testing, and use tools,
2 mechanisms, and measures, to better evaluate and
3 document coalition performance measures and out-
4 comes; and

5 (3) bridge the gap between research and prac-
6 tice by translating knowledge from research into
7 practical information.

8 (c) AUTHORIZATION.—There is authorized to be ap-
9 propriated to carry out this section \$2,000,000 for each
10 of the fiscal years 2001 and 2002.

11 **SEC. 5. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
12 **ACT.**

13 (a) SHORT TITLE.—This section may be cited as the
14 “Key Professionals Education Act”.

15 (b) CORE COMPETENCIES.—Subpart 2 of part B of
16 title V of the Public Health Service Act (42 U.S.C. 290bb–
17 21 et seq.) is amended by adding at the end the following:

18 **“SEC. 519. CORE COMPETENCIES.**

19 “(a) FINDINGS.—Congress makes the following find-
20 ings:

21 “(1) According to a 1999 Monitoring the Fu-
22 ture Report, heroin use doubled among youth in the
23 United States between 1991 and 1995. Since that
24 time, such heroin use among such youth has re-
25 mained at the high level reached in 1995.

1 “(2) The sharp increase in heroin use during
2 the 1990’s may be a result of the introduction into
3 the market of heroin of a higher purity.

4 “(3) According to the National Center on Ad-
5 diction and Substance Abuse, 29.9 percent of the
6 population living in rural areas, 32.4 percent of the
7 population living in small cities, and 30.2 percent of
8 the population living in big cities found heroin very
9 easy or fairly easy to procure.

10 “(4) Studies show a high correlation between
11 drug use, availability of drugs, and violence.

12 “(5) A March 2000 report by the Office of Na-
13 tional Drug Control Policy reported that in 1999
14 persons using illegal drugs were 16 times more likely
15 than nonusers to be arrested for larceny or theft, at
16 least 14 times more likely to be arrested for driving
17 under the influence, drunkenness, and liquor law vio-
18 lations, and at least 9 times more likely to be ar-
19 rested for assault.

20 “(b) PURPOSE.—The purpose of this section is—

21 “(1) to educate, train, motivate, and engage key
22 professionals to identify and intervene with children
23 in families affected by substance abuse and to refer
24 members of such families to appropriate programs
25 and services in the communities of such families;

1 “(2) to encourage professionals to collaborate
2 with key professional organizations representing the
3 targeted professional groups, such as groups of edu-
4 cators, social workers, faith community members,
5 and probation officers, for the purposes of devel-
6 oping and implementing relevant core competencies;
7 and

8 “(3) to encourage professionals to develop net-
9 works to coordinate local substance abuse prevention
10 coalitions.

11 “(c) PROGRAM AUTHORIZED.—The Secretary shall
12 award grants to leading nongovernmental organizations
13 with an expertise in aiding children of substance abusing
14 parents or experience with community antidrug coalitions
15 to help professionals participate in such coalitions and
16 identify and help youth affected by familial substance
17 abuse.

18 “(d) DURATION OF GRANTS.—No organization shall
19 receive a grant under subsection (c) for more than 5 con-
20 secutive years.

21 “(e) APPLICATION.—Any organization desiring a
22 grant under subsection (c) shall prepare and submit an
23 application to the Secretary at such time, in such manner,
24 and containing such information as the Secretary may re-
25 quire, including a plan for the evaluation of the project

1 involved, including both process and outcome evaluation,
2 and the submission of the evaluation at the end of the
3 project period.

4 “(f) USE OF FUNDS.—Grants awarded under sub-
5 section (c) shall be used to—

6 “(1) develop core competencies with various
7 professional groups that the professionals can use in
8 identifying and referring children affected by sub-
9 stance abuse;

10 “(2) widely disseminate the competencies to
11 professionals and professional organizations through
12 publications and journals that are widely read and
13 respected;

14 “(3) develop training modules around the com-
15 petencies; and

16 “(4) develop training modules for community
17 coalition leaders to enable such leaders to engage
18 professionals from identified groups at the local level
19 in communitywide prevention and intervention ef-
20 forts.

21 “(g) DEFINITION.—In this section, the term ‘profes-
22 sional’ includes a physician, student assistance profes-
23 sional, social worker, youth and family social service agen-
24 cy counselor, Head Start teacher, clergy, elementary and
25 secondary school teacher, school counselor, juvenile justice

1 worker, child care provider, or a member of any other pro-
 2 fessional group in which the members provide services to
 3 or interact with children, youth, or families.

4 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
 5 are authorized to be appropriated to carry out this section,
 6 \$5,000,000 for fiscal year 2001, and such sums as may
 7 be necessary for fiscal years 2002 through 2005.”.

8 (c) NATIONAL INSTITUTE ON DRUG ABUSE.—Sub-
 9 part 15 of part C of title IV of the Public Health Service
 10 Act (42 U.S.C. 285o et seq.) is amended by adding at
 11 the end the following:

12 **“SEC. 464Q. NATIONAL DRUG ABUSE TREATMENT CLINICAL**
 13 **TRIALS NETWORK.**

14 “(a) PROGRAM AUTHORIZED.—The Director of the
 15 Institute shall establish a National Drug Abuse Treatment
 16 Clinical Trials Network (referred to in this section as the
 17 Network), and provide support to such Network, to con-
 18 duct large scale drug abuse treatment studies in commu-
 19 nity settings using broadly diverse patient populations.

20 “(b) ACTIVITIES OF NETWORK.—The Network de-
 21 scribed in subsection (a) shall use the support provided
 22 under subsection (a) to—

23 “(1) conduct coordinated, multisite, clinical
 24 trials of behavioral and pharmacological approaches

1 and combined therapies for drug abuse and addic-
2 tion;

3 “(2) identify factors that affect successful adop-
4 tion of new treatments in order to transport treat-
5 ments and use of research settings into real-life
6 practice; and

7 “(3) rapidly and efficiently disseminate sci-
8 entific findings to the field.

9 “(c) MEMBERS OF NETWORK.—The Network de-
10 scribed in subsection (a) shall consist of research and
11 training centers that are linked with community-based
12 treatment programs that represent a diversity of treat-
13 ment settings and patient populations in the regions of
14 such centers.

15 “(d) TERM.—The Director of the Institute shall pro-
16 vide support to any center described under subsection (c)
17 for a period not to exceed 5 years, which may be extended
18 for a period of not more than 5 years at the discretion
19 of the Director of the Institute.

20 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated to carry out this section
22 such sums as may be necessary for each of the fiscal years
23 2001 through 2006.”.

1 (d) SURVEY.—Title II of the Public Health Service
2 Act (42 U.S.C. 202 et seq.) is amended by adding at the
3 end the following:

4 **“SEC. 247. SURVEYS.**

5 “The results of any federally funded survey under
6 this Act shall be made available in at least a preliminary
7 format to the public not later than 1 year after the date
8 on which any such survey is complete.”.

9 **SEC. 6. ADOLESCENT THERAPEUTIC COMMUNITY TREAT-**
10 **MENT PROGRAMS.**

11 (a) SHORT TITLE.—This section may be cited as the
12 “Adolescent Therapeutic Community Treatment Pro-
13 grams Act”.

14 (b) FINDINGS.—Congress makes the following find-
15 ings:

16 (1) Of the adolescents that currently need sub-
17 stance abuse treatment services, only 20 percent of
18 such adolescents are receiving such services.

19 (2) Providing alcohol and drug treatment serv-
20 ices reduces health care, welfare, and criminal jus-
21 tice costs.

22 (3) Studies have found that completion of sub-
23 stance abuse treatment services produces sustained
24 reductions in drug use, welfare dependency, crime,
25 and unemployment.

1 (4) The National Institute of Justice Arrestee
2 Drug Abuse Monitoring drug testing program found
3 that more than half of juvenile male arrestees tested
4 positive for at least 1 drug in 1998.

5 (5) The 1999 Monitoring the Future study
6 showed that more than half of the teenagers in the
7 United States have tried an illicit drug by the time
8 such teenagers finish high school, and more than 28
9 percent of such teenagers have tried an illicit drug
10 by the time such teenagers are in eighth grade.

11 (6) According to the 1998 National Household
12 Survey on Drug Abuse, the average age of new her-
13 oin users has dropped from 21.2 years of age in
14 1994 to 17.6 years of age in 1997.

15 (7) Studies have shown that intervention at an
16 early stage of addiction is essential in stopping an
17 increasingly frequent drug user from becoming an
18 addict. Whether voluntarily or through legal or pa-
19 rental pressure, the sooner a drug user enters into
20 a well-designed treatment program, the more likely
21 such treatment is to be effective. Voluntary partici-
22 pation in substance abuse programs is not necessary
23 in order to successfully treat a drug user.

24 (c) PROGRAM AUTHORIZED.—The Secretary shall
25 award competitive grants to treatment providers who ad-

1 minister treatment programs to enable such providers to
2 establish adolescent residential substance abuse treatment
3 programs that provide services for individuals who are be-
4 tween the ages of 14 and 21.

5 (d) PREFERENCE.—In awarding grants under sub-
6 section (c), the Secretary shall consider the geographic lo-
7 cation of each treatment provider and give preference to
8 such treatment providers that are geographically located
9 in such a manner as to provide services to addicts from
10 non-metropolitan areas.

11 (e) DURATION OF GRANTS.—For awards made under
12 subsection (c), the period during which payments are
13 made may not exceed 5 years.

14 (f) RESTRICTIONS.—A treatment provider receiving
15 a grant under subsection (c) shall not use any amount
16 of the grant under this section for land acquisition or a
17 construction project.

18 (g) CONSTRUCTION.—Nothing in this subsection
19 shall be construed to preclude qualifying faith-based treat-
20 ment providers from receiving a grant under subsection
21 (c).

22 (h) APPLICATION.—A treatment provider that desires
23 a grant under subsection (c) shall submit an application
24 to the Secretary at such time, in such manner, and con-
25 taining such information as the Secretary may require.

1 (i) USE OF FUNDS.—A treatment provider that re-
2 ceives a grant under subsection (c) shall use funds re-
3 ceived under such grant to provide substance abuse serv-
4 ices for adolescents, including—

5 (1) a thorough psychosocial assessment;

6 (2) individual treatment planning;

7 (3) a strong education component integral to
8 the treatment regimen;

9 (4) life skills training;

10 (5) individual and group counseling;

11 (6) family services;

12 (7) daily work responsibilities; and

13 (8) community-based aftercare, providing 6
14 months of treatment following discharge from a resi-
15 dential facility.

16 (j) TREATMENT TYPE.—The Therapeutic Commu-
17 nity model shall be used as a basis for all adolescent resi-
18 dential substance abuse treatment programs established
19 under this section, which shall be characterized by—

20 (1) the self-help dynamic, requiring youth to
21 participate actively in their own treatment;

22 (2) the role of mutual support and the thera-
23 peutic importance of the peer therapy group;

24 (3) a strong focus on family involvement and
25 family strengthening;

1 (4) a clearly articulated value system empha-
2 sizing both individual responsibility and responsi-
3 bility for the community; and

4 (5) an emphasis on development of positive so-
5 cial skills.

6 (k) REPORT BY PROVIDER.—Not later than 1 year
7 after receiving a grant under this section, and annually
8 thereafter, a treatment provider shall prepare and submit
9 to the Secretary a report describing the services provided
10 pursuant to this section.

11 (l) REPORT BY SECRETARY.—

12 (1) IN GENERAL.—Not later than 3 months
13 after receiving all reports by providers under sub-
14 section (k), and annually thereafter, the Secretary
15 shall prepare and submit a report containing infor-
16 mation described in paragraph (2) to—

17 (A) the Committee on Health, Education,
18 Labor, and Pensions of the Senate;

19 (B) the Committee on Appropriations of
20 the Senate;

21 (C) the Senate Caucus on International
22 Narcotics Control;

23 (D) the Committee on Commerce of the
24 House of Representatives;

1 (E) the Committee on Appropriations of
2 the House of Representatives; and

3 (F) the Committee on Government Reform
4 of the House of Representatives.

5 (2) CONTENT.—The report described in para-
6 graph (1) shall—

7 (A) outline the services provided by pro-
8 viders pursuant to this section;

9 (B) evaluate the effectiveness of such serv-
10 ices;

11 (C) identify the geographic distribution of
12 all treatment centers provided pursuant to this
13 section, and evaluate the accessibility of such
14 centers for addicts from rural areas and small
15 towns; and

16 (D) make recommendations to improve the
17 programs carried out pursuant to this section.

18 (m) DEFINITIONS.—In this section:

19 (1) ADOLESCENT RESIDENTIAL SUBSTANCE
20 ABUSE TREATMENT PROGRAM.—The term “adoles-
21 cent residential substance abuse treatment program”
22 means a program that provides a regimen of indi-
23 vidual and group activities, lasting not less than 12
24 months, in a community-based residential facility
25 that provides comprehensive services tailored to meet

1 the needs of adolescents and designed to return
2 youth to their families in order that such youth may
3 become capable of enjoying and supporting positive,
4 productive, drug-free lives.

5 (2) SECRETARY.—The term “Secretary” means
6 the Secretary of Health and Human Services.

7 (3) THERAPEUTIC COMMUNITY.—The term
8 “Therapeutic Community” means a highly struc-
9 tured residential treatment facility that—

10 (A) employs a treatment methodology;

11 (B) relies on self-help methods and group
12 process, a view of drug abuse as a disorder af-
13 fecting the whole person, and a comprehensive
14 approach to recovery;

15 (C) maintains a strong educational compo-
16 nent; and

17 (D) carries out activities that are designed
18 to help youths address alcohol or other drug
19 abuse issues and learn to act in their own best
20 interests, as well as in the best interests of their
21 peers and families.

22 (n) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized be appropriated to carry out this section—

24 (1) \$21,000,000 for fiscal year 2001;

25 (2) \$42,000,000 for fiscal year 2002;

- 1 (3) \$63,000,000 for fiscal year 2003;
2 (4) \$84,000,000 for fiscal year 2004; and
3 (5) \$105,000,000 for fiscal year 2005.

4 **SEC. 7. RESIDENTIAL TREATMENT PROGRAM IN FEDERAL**
5 **PRISONS.**

6 (a) FINDINGS.—Congress makes the following find-
7 ings:

8 (1) In April 2000, there were over 140,000 in-
9 mates in the Federal prison system.

10 (2) In April 2000, nearly 30 percent of Federal
11 inmates were serving sentences ranging between 5
12 and 10 years, and just over 58 percent of such in-
13 mates, or 61,547 persons, were serving time for a
14 drug related offense.

15 (3) A March 2000 report by the Office of Na-
16 tional Drug Control Policy reported that in 1999 il-
17 licit drug users—

18 (A) were 16 times more likely than non-
19 users to be arrested and booked for larceny or
20 theft;

21 (B) were more than 14 times more likely
22 to be arrested and booked for driving under the
23 influence, drunkenness, and liquor law viola-
24 tions; and

1 (C) were more than 9 times more likely to
2 be arrested and booked for assault.

3 (4) According to the Federal Bureau of Inves-
4 tigation's Uniform Crime Reports, drugs are one of
5 the main factors leading to the total number of all
6 homicides.

7 (5) In a 1999 study, the Bureau of Prisons re-
8 ported that—

9 (A) offenders who completed a residential
10 drug abuse treatment program and had been
11 released for a minimum of 6 months were less
12 likely to be arrested and use illegal drugs than
13 inmates who did not participate in such pro-
14 gram; and

15 (B) only 3.3 percent of such offenders who
16 completed such program were likely to be ar-
17 rested within the first 6 months that such of-
18 fenders were in the community.

19 (b) PURPOSE.—The purpose of this section is to in-
20 crease residential drug abuse treatment units in Federal
21 prisons to reduce the number of criminal offenders who
22 are rearrested or who use illegal drugs after release from
23 prison.

24 (c) PROGRAM AUTHORIZED.—The Director of the
25 Federal Bureau of Prisons shall use funds made available

1 under this section to establish residential drug abuse
2 treatment units in Federal prisons.

3 (d) REQUIREMENTS.—A residential drug abuse treat-
4 ment unit that receives funds under this section shall—

5 (1) maintain not less than 1,000 hours of ac-
6 tivities during a 1-year period;

7 (2) maintain a staff of such unit in which there
8 is not fewer than 12 staff members per inmate;

9 (3) provide intensive treatment activities for all
10 inmates in the residential drug treatment program,
11 including individual and group therapy, specialty
12 seminars, self improvement group counseling, and
13 education, work skills training, and other programs;
14 and

15 (4) have frequent, regular, and random drug
16 testing for inmates and staff.

17 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
18 authorized to be appropriated to carry out this section
19 \$2,500,000 for each fiscal years 2001 and 2002.

20 **SEC. 8. DRUG-FREE COMMUNITIES SUPPORT PROGRAM.**

21 (a) EXTENSION AND INCREASE IN PROGRAM.—Sec-
22 tion 1024(a) of the National Narcotics Leadership Act of
23 1988 (21 U.S.C. 1524(a)) is amended—

24 (1) by striking “and” at the end of paragraph

25 (4);

1 (2) by striking the period at the end of para-
2 graph (5) and inserting a semicolon; and

3 (3) by adding at the end the following new
4 paragraphs:

5 “(6) \$46,000,000 for fiscal year 2003;

6 “(7) \$48,500,000 for fiscal year 2004;

7 “(8) \$51,000,000 for fiscal year 2005;

8 “(9) \$53,500,000 for fiscal year 2006; and

9 “(10) \$56,000,000 for fiscal year 2007.”.

10 (b) EXTENSION OF LIMITATION ON ADMINISTRATIVE
11 COSTS.—Section 1024(b) of that Act (21 U.S.C. 1524(b))
12 is amended by adding at the end the following new para-
13 graph:

14 “(6) 3 percent for each of fiscal years 2003
15 through 2007.”.

16 (c) MODIFICATION OF ELIGIBILITY CRITERIA OR
17 AMOUNT FOR GRANT RENEWALS.—Section 1032 of that
18 Act (21 U.S.C. 1532) is amended by adding at the end
19 the following new subsection:

20 “(c) MODIFICATION OF ELIGIBILITY CRITERIA OR
21 AMOUNT FOR GRANT RENEWALS.—The Administrator
22 may not implement any modification in the criteria for eli-
23 gibility for the renewal of a grant under this section, or
24 any modification in grant amount upon renewal of a grant
25 under this section, until one year after the date on which

1 the Administrator notifies the recipient of the grant con-
2 cerned of such modification.”.

3 (d) SOURCE OF FUNDS FOR EVALUATION OF PRO-
4 GRAM BY ADMINISTRATOR.—Section 1033(b) of that Act
5 (21 U.S.C. 1533(b)) is amended by adding at the end the
6 following new paragraph:

7 “(3) SOURCE OF FUNDS FOR EVALUATION OF
8 PROGRAM.—Amounts for activities under paragraph
9 (2)(B) shall be derived from amounts under section
10 1024(a) that are available under section 1024(b) for
11 administrative costs.”.

12 **SEC. 9. COUNTER-DRUG TECHNOLOGY ASSESSMENT CEN-**
13 **TER.**

14 (a) STUDY OF HEROIN USE IN THE UNITED
15 STATES.—

16 (1) IN GENERAL.—Using amounts appropriated
17 pursuant to the authorization of appropriations in
18 subsection (c)(1), the Counter-Drug Technology As-
19 sessment Center (CTAC) of the Office of National
20 Drug Control Policy shall carry out a study on the
21 number of individuals in the United States who en-
22 gaged in sustained use of heroin.

23 (2) BASIS FOR STUDY.—The study under para-
24 graph (1) shall be based on the study entitled “A

1 Plan for Estimated the Number of ‘Hardcore’ Drug
2 Users in the United States”.

3 (b) COUNTER-DRUG TECHNOLOGY INITIATIVES.—

4 Using amounts appropriated pursuant to the authoriza-
5 tion of appropriations in subsection (c)(2), the Counter-
6 Drug Technology Assessment Center of the Office of Na-
7 tional Drug Control Policy shall—

8 (1) conduct outreach for purposes of reducing
9 duplication of activities among Federal, State, and
10 local entities regarding counterdrug technologies;

11 (2) develop and implement mechanisms for
12 monitoring and coordinating such activities; and

13 (3) assist in the transfer of such technologies to
14 State and local law enforcement agencies under the
15 Technology Transfer Program.

16 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
17 hereby authorized to be appropriated for the Counter-
18 Drug Technology Assessment Center of the Office of Na-
19 tional Drug Control Policy for fiscal year 2001 the fol-
20 lowing:

21 (1) \$15,000,000 for purposes of the study re-
22 quired by subsection (a).

23 (2) \$15,000,000 for purposes of activities under
24 subsection (b).

1 **SEC. 10. MINIMUM NUMBER OF MEMBERS OF THE NA-**
2 **TIONAL GUARD ON DUTY TO PERFORM DRUG**
3 **INTERDICTION OR COUNTER-DRUG ACTIVI-**
4 **TIES.**

5 (a) FINDINGS.—Congress makes the following find-
6 ings regarding members of the National Guard who par-
7 ticipate in drug interdiction and counter-drug activities of
8 the National Guard:

9 (1) Such members have significantly higher
10 rates of attendance at inactive duty training and an-
11 nual training than members of the National Guard
12 who do not participate in such activities.

13 (2) Such members attend significantly more
14 military training than members of the National
15 Guard who do not participate in such activities,
16 thereby putting such members at a higher state of
17 military readiness.

18 (3) Such members attend significantly more
19 non-military training designed to enhance support of
20 law enforcement and community-based agencies than
21 members of the National Guard who do not partici-
22 pate in such activities.

23 (4) Such members are above-average soldiers
24 and airmen who maintain a high level of individual
25 combat readiness.

1 (5) This high level of individual combat readi-
2 ness has a positive effect on individual combat readi-
3 ness in the National Guard as a whole and contrib-
4 utes to the success of unit training and evaluations
5 and unit readiness.

6 (6) Such members evoke positive comments re-
7 garding their qualifications and performance in the
8 National Guard.

9 (b) MINIMUM NUMBER OF MEMBERS ON DUTY.—
10 Section 112(f) of title 32, United States Code, is
11 amended—

12 (1) by striking “END STRENGTH LIMITA-
13 TION.—(1) Except as provided in paragraph (2), at
14 the end of a fiscal year there may not be more than
15 4000 members” and inserting “MINIMUM NUMBER
16 OF MEMBERS ON DUTY PERFORMING ACTIVITIES.—
17 At the end of a fiscal year there may not be less
18 than 4,000 members”;

19 (2) by striking paragraph (2); and

20 (3) by redesignating subparagraph (A) and (B)
21 as paragraphs (1) and (2), respectively.

22 (c) APPLICABILITY.—The amendments made by sub-
23 section (b) shall take effect on October 1, 2001, and shall
24 apply with respect to fiscal years ending after that date.

1 **SEC. 11. SENSE OF CONGRESS REGARDING RESEARCH BY**
2 **THE NATIONAL INSTITUTES OF HEALTH.**

3 It is the sense of Congress that the National Insti-
4 tutes of Health should work with or collaborate with ex-
5 perts from private industry to promote research regarding
6 pharmacological options that may be employed to support
7 drug treatment efforts.

○